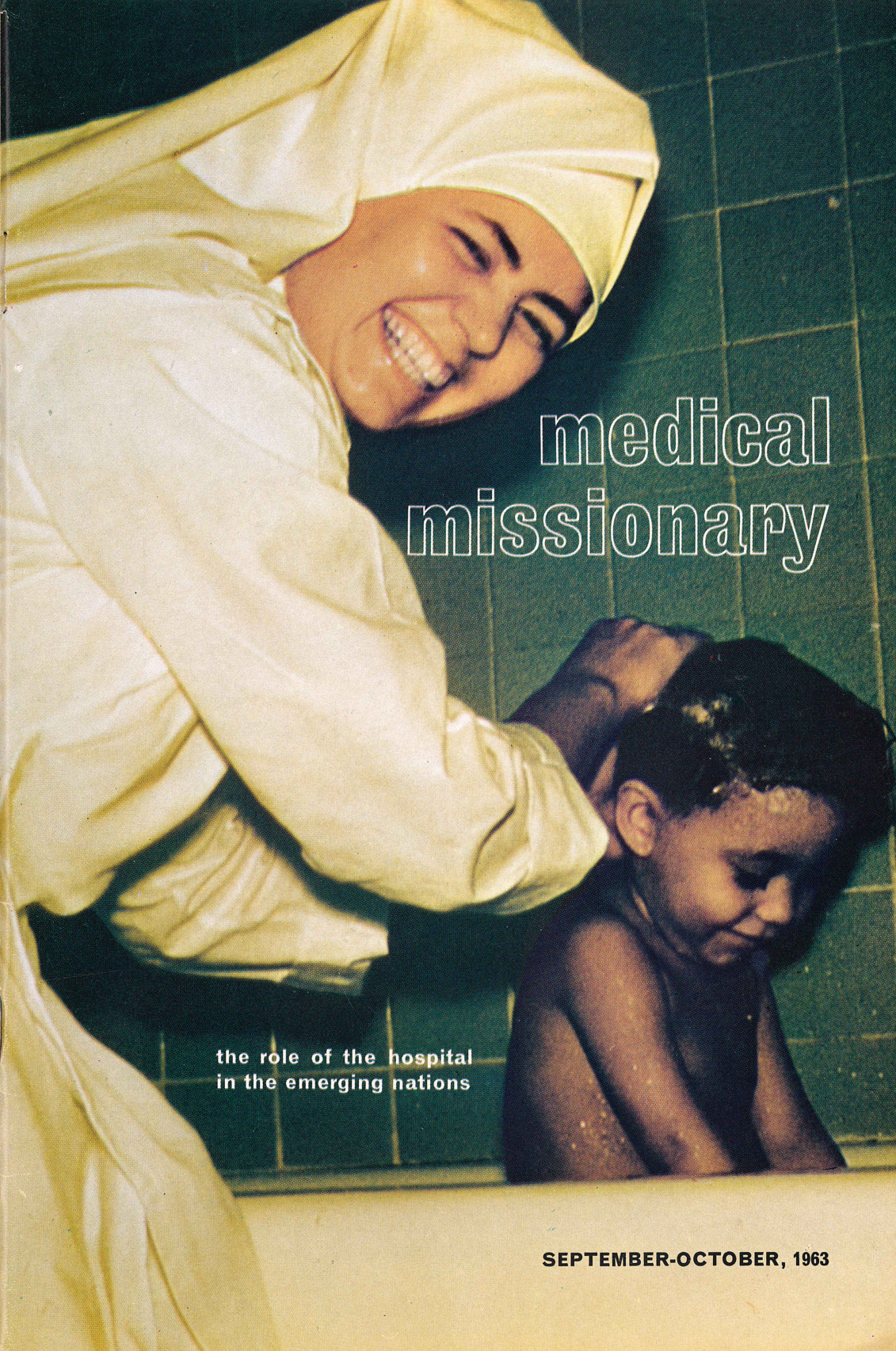
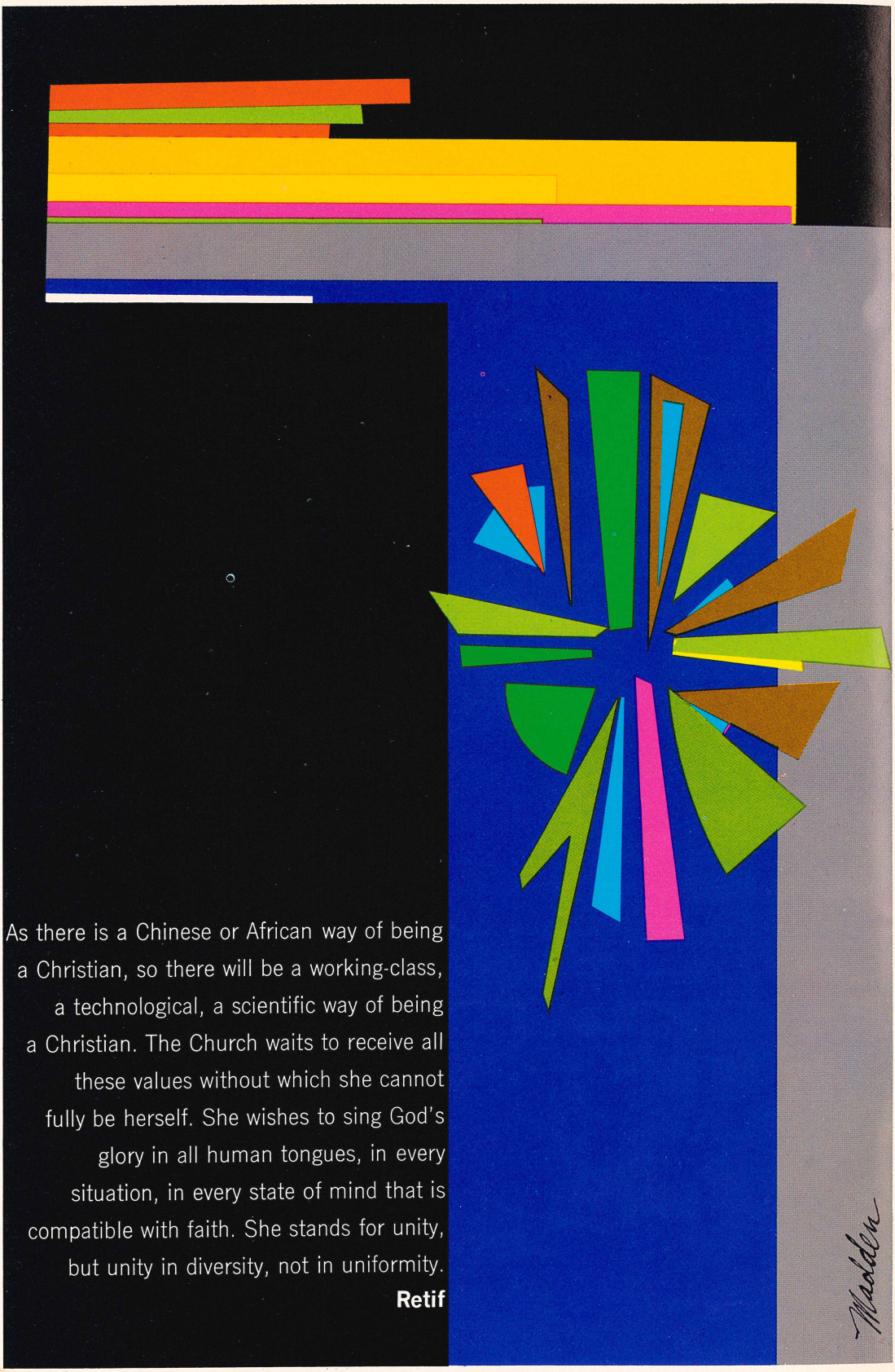


medical missionary

the role of the hospital
in the emerging nations

SEPTEMBER-OCTOBER, 1963



As there is a Chinese or African way of being a Christian, so there will be a working-class, a technological, a scientific way of being a Christian. The Church waits to receive all these values without which she cannot fully be herself. She wishes to sing God's glory in all human tongues, in every situation, in every state of mind that is compatible with faith. She stands for unity, but unity in diversity, not in uniformity.

Retif

THE medical missionary

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Cover Photo: Sister M. Blase, R.N., with young patient, Sagrada Familia Hospital, Caripito, Venezuela.

Photo Credits: p. 150 (top): U.N.; pp. 155, 156, Paul Almasy; p. 160, R. Halvey.

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DATA FOR DECISION

Data for DECISION in Latin America . . .

WHAT IS THE FASTEST GROWING CONTINENT IN THE WORLD?

If you answer "Asia" you are giving the wrong answer—but the popular wrong answer. We could estimate that perhaps 98% of all North Americans are similarly misinformed. Asia, because of the popular image of its teeming millions, is considered by most pople to be the region of fastest growing growth, but actually Latin America has the highest rate of growth of any area in the world.

In 1900 the population of Latin America was only 4.1% of the world's population.

By 2000, the population of Latin America is expected to be 9.4% of the world's population.

BY THE END OF THIS CENTURY:

The population of the whole of Latin America will have doubled and then doubled again.

The population of Latin America will be equal to the population of whole world in the early nineteenth century.

IN COMPARISON WITH THE UNITED STATES:

Today the population of Latin America is approximately equal to that of the United States and Canada combined.

By the year 2000, the population of Latin America will be three times the size of the population of the U.S. today.

In the year 2000, the population of Latin American countries will be twice as great as will be the population of the United States at that time.

A study of these figures will make every responsible Christian realize the absolute need for the entire CHURCH TO LOOK TOWARD LATIN AMERICA. Most of the peoples of Central and

IN LATIN AMERICA

South America are baptized, and cultural patterns are so strong that we can assume that parents will continue to baptize their children toward the close of the century—without reference to their own convictions or knowledge of the Faith.

By the end of this century, as many Catholics as now make up the whole Church will live in a single continent—Latin America.

If Baptism is not to become an always more meaningless symbol, it must be accompanied by Christian education: a staggering task.

Over 40% of the population of Latin America are of school age.

Over 40% of the population are at the age when they should be receiving catechetical instruction.

Over 40% of the population are economically dependent. In 6 Latin American countries the largest city contains one-fifth or more of the national population. (Think of N.Y. City with 36 million people and you get a rough idea of what this means for the Latin American economy, as well as for Church planning.

Amid such conditions, CATHOLICISM AND COMMUNISM VIE FOR THE MASSES.

The victor? Probably whichever one gets there first with the most!

(Adapted from CIF Reports)

WE ARE WORRIED AND PREOCCUPIED ESPECIALLY BECAUSE OF THE NUMBER OF PRIESTS UNEQUAL TO RAPID GROWTH OF THE LARGE CITIES, AND THE GENERAL INCREASE OF THE POPULATION IN LATIN AMERICA.

(JOHN XXIII.)

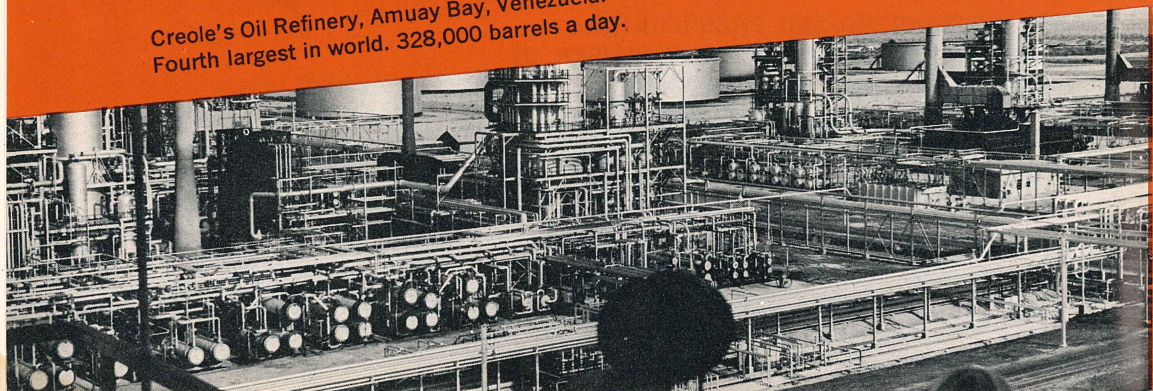
VEN

role of the hospital in the emerging nation

by Sister Miriam

Our Lady of Coromoto Hospital, Maracaibo, conducted by the Medical Mission Sisters. Maracaibo, an oil metropolis, is the second largest city in Venezuela and capital of Zulia. Its population jumped from 232,488 to over 500,000 in ten years, an increase of 45%.

Creole's Oil Refinery, Amuay Bay, Venezuela.
Fourth largest in world. 328,000 barrels a day.

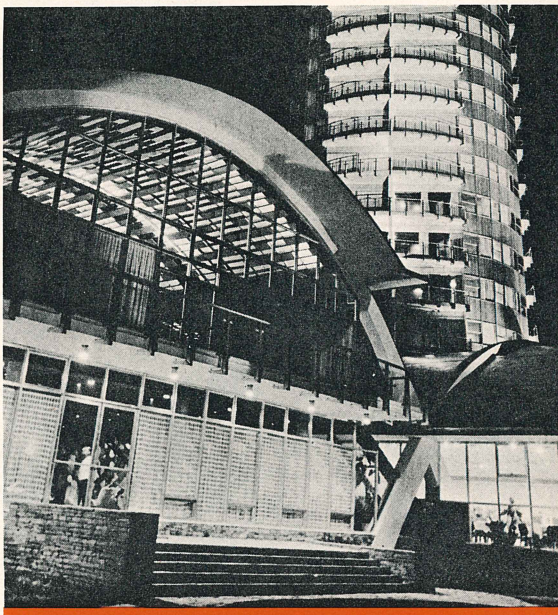


EZUELA

Our Hospital in Maracaibo, Venezuela, is one of the few institutions operated by the Medical Mission Sisters which does not bear the name "Holy Family Hospital." From the time it was officially blessed and opened its doors to the sick and needy of the Maracaibo vicinity, it has been known quite simply as the "Coromoto." It was dedicated to, and named for, Our Lady of Coromoto, the Patroness of Venezuela.

It seems fitting that it should have been thus named because this project represented a number of "firsts" as far as the Society and the Church were concerned. The Coromoto was the first hospital to be opened by the Medical Mission Sisters in Latin America, the first Catholic Hospital in Venezuela to be completely administered by Sisters, and the first apostolic undertaking by any Community from the United States in that Country. As a result of the latter, in the beginning the people of the Country often simply identified the Sisters as *las Yanquis* because no further categorizing seemed necessary.

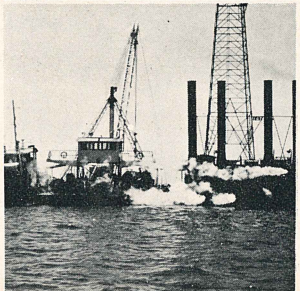
We Medical Mission Sisters were asked to take over this hospital under rather interesting circumstances. The hospital was built by the Creole Petroleum Corporation, for its own workers but when the construction was actually finished, it was found to be too large for their needs. Rather than let big sections of the edifice stand empty, the Directors of the Company decided to lease it to a religious community in order that it could be integrated into the needs of the entire City. Since the hospital building is



Hotel Humboldt, atop Mount Avila, Caracas—the capital city, population—1,200,000.

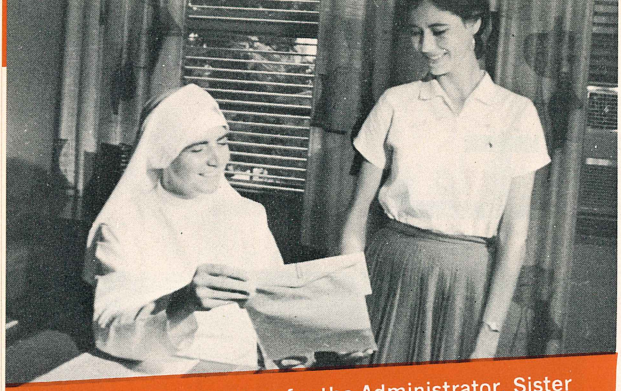
(below)
Pres. and Mrs. Kennedy with Pres. Betancourt at White House in February 1963.

Guajiro Indian Mother brings child to hospital. Indians are only 7% of the population.

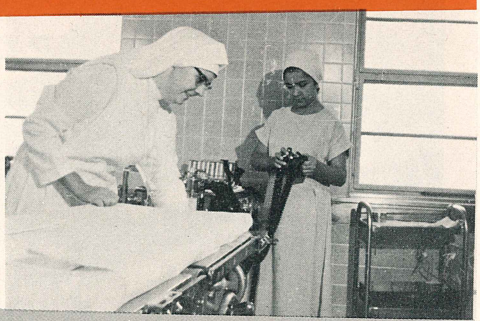


(left)
Lake Maracaibo. 20 times larger than Lake Geneva. 3,000 steel derricks on its waters.

(right)
Malnutrition is more widespread among poorer children 1 to 4 years old in rural areas.

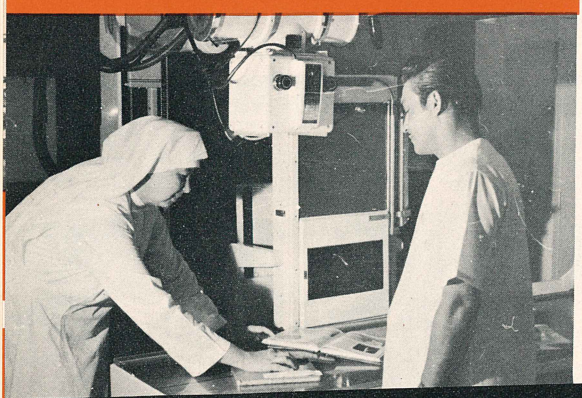


Letters for the Administrator, Sister Florence. Sra. Hipolta is secretary.



Sister Marilyn prepares the O.R., Sra. Serrano checks anesthesia machine.

Sister Thomasina instructs an attentive apprentice in X-ray procedure.



Sister Stephen and Josefa Porte check central supply dressing cart.

merely leased from Creole, the Sisters were given full autonomy in the operation of the Hospital and it was opened to all, regardless of race, creed, social position or employment. Since all hospitals in Venezuela were owned by the government or by private groups of doctors, this afforded the Sisters a unique opportunity to establish a modern medical institution administered and operated according to the Community's standards and principles.

When Sisters M. Laetitia and M. Praxedes arrived in Maracaibo at the end of December, 1950, they found a modern, four-story building with 125 beds and a good-sized out-patient department, awaiting them. The construction had been left standing unused until some decision could be reached as to who would run the hospital. Naturally, there was two years accumulation of dust and dirt to be disposed of, not to mention all the furniture to be put in place, equipment to be set up, supplies to be sterilized, linen to be marked, and countless other things to be attended to, before a building can be called a hospital. Another group of Sisters arrived on the last day of January. Preparations now really began in earnest.

On March 3rd, 1951, His Excellency, Marcos Sergio Godoy, Bishop of Maracaibo, officially blessed the hospital and welcomed the Sisters. He never ceased telling the Sisters how happy he was to have another Community to augment the Church's works of mercy and to swell the numbers of religious in his Diocese. Maracaibo was no different from most of the other Dioceses of Latin America as regards the pitifully small numbers of priests and sisters available to carry on the gigantic task of preserving the Faith in that Continent. One of the first things the Sisters learned was that Venezuela has one priest for every 16,000 people and that the pastor of the

parish to which they belonged had 40,000 souls under his care—and no assistant.

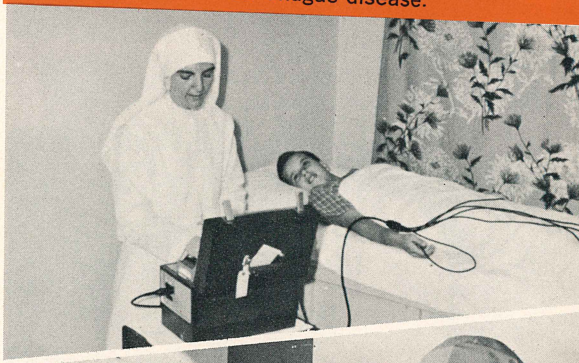
From the beginning it was apparent to the Sisters that the City of Maracaibo was in a period of great change and that great industrialization and modernization was under way. The City is situated in the heart of the oil country of Venezuela and was obviously benefiting from the boom that the growth of the oil industry had produced. New roads were under construction; the first supermarket had just opened; a new emphasis was being placed on education; trade unions were developing to protect the workers; and everyone was becoming increasingly more conscious of health care. People from the rural areas were beginning to migrate to the cities in search of employment. In 1951, the population of Maracaibo was said to be 252,000 people, but at the last census, in 1960, it had risen to 500,000. This seems to bear out the fact that in a recent study made, it was estimated that 70% of the entire population of Latin America will soon live in the cities. One and a half million of Venezuela's total population of six and a half million actually live in the cities of Caracas and Maracaibo.

Naturally, this boom in urban population has strongly influenced planning for health facilities in Venezuela for some time. While there is still a need for increased medical aid in the rural areas, the greatest emphasis has been placed on providing scientific health care in urban areas. Transportation is no longer the problem it was a decade ago, and people can now reach the urban hospitals with much greater facility

Because there were well-qualified doctors available in Maracaibo Hospital, Coromoto has always had a staff comprised entirely of Venezuelan Doctors. Among them are doctors trained in all

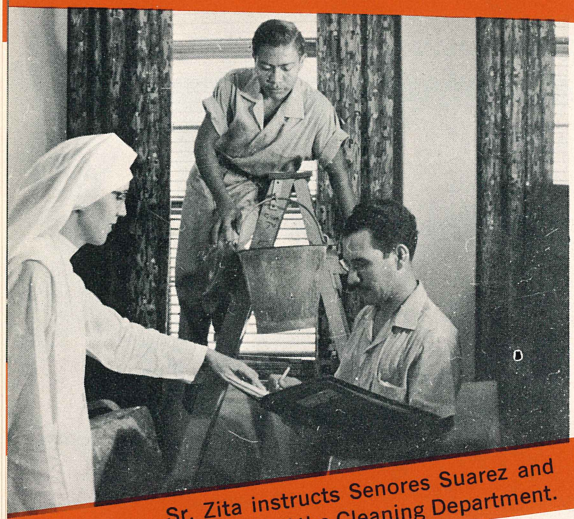
Sister M. Joseph explaining new drug literature to Sister M. Stella.

Sr. Marina does an electrocardiogram on a patient who has Chagas disease.



A chat on the terraza with a patient who is convalescing. Coromoto Hospital.

Sister Miriam (the author) teaches bed-making to a group of students.



Sr. Zita instructs Senores Suarez and Chacin of the Cleaning Department.

The evening brings a busy emergency room for Dr. Nedado and Sr. M. Assumpta.

Patients come from near and far. Some are brought across Lake in launches.

the specialties, including many who have done residencies and post-graduate work in the United States and Europe. At present there are 65 doctors on the Medical Staff and they care for some 49,000 out-patients and 4,267 in-patients annually.

The nursing staff and other employees of the Hospital are also, for the most part, of Venezuelan nationality. At the very beginning, a course was started to train nurses aides and some of the first students are still working with the Sisters. This month on September 11th, the Society will open the first Catholic School of Nursing in Venezuela, and, since it will be another "first," it will appropriately be called the Coromoto School of Nursing.

The patients at the Hospital Coromoto come from all over Venezuela. Those who come from the oil camps have to be ferried across Lake Maracaibo in launches or on the local ferry. The poor come on foot because they cannot afford the small fare necessary to ride in a bus or *carrito*. The Guajiro Indians also come wearing their traditional Mother-Hubbard type of dress and pompon shoes—their faces painted against the sun—to take advantage of the Coromoto's modern facilities. To see them squatting contentedly on the floor while they wait their turn to see a doctor trained in one of the big medical centers of the world, makes one realize that Venezuela is indeed a land of many contrasts.

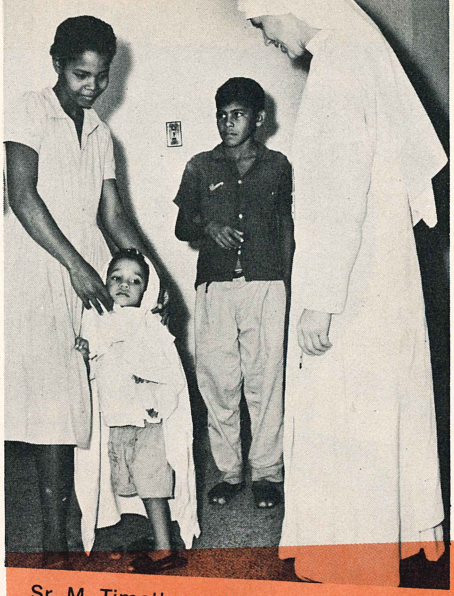
In 1956 Medical Mission Sisters assumed charge of a second hospital in Venezuela the 100-bed hospital at Caripito in the oil region of eastern Venezuela. This hospital *was* named "Hospital Sagrada Familia" (Holy Family Hospital), as most of the hospitals staffed by Medical Mission Sisters throughout the world are known. And in 1959, a third *smaller* Hospital Sagrada

Familia, was opened in Judibana near the Amuay Bay Refinery.

President Betancourt recently called attention to the improvement of health conditions during the last four years, due to the drive for improved health and proper nourishment and to better medical facilities in certain areas. "The average life expectancy in Venezuela is now 64 years, which is one of the highest in tropical countries."

Since 1957 the budget for the Ministry of Health and Social Welfare has been increased 240%. The Ministry can point to significant achievements in several programs: Malaria has almost been completely wiped out, through an intensive and well planned campaign. Deaths from pestilential diseases, such as smallpox, have disappeared through extensive immunization programs. On the other hand (according to a Report of a Mission organized by the International Bank at the request of the Government of Venezuela) other preventable diseases such as gastrointestinal infections are still major causes of sickness and death. Severe malnutrition and tetanus appearing among the first ten causes of death point out the need for public health education and hygiene in school programs. Whereas in most countries nurses outnumber doctors, in Venezuela the reverse is true. However, almost 65% of the doctors are concentrated in the four largest cities, leaving a deficit in rural areas. Lack of graduate nurses is one of the main obstacles to the achievement of better health care organization.

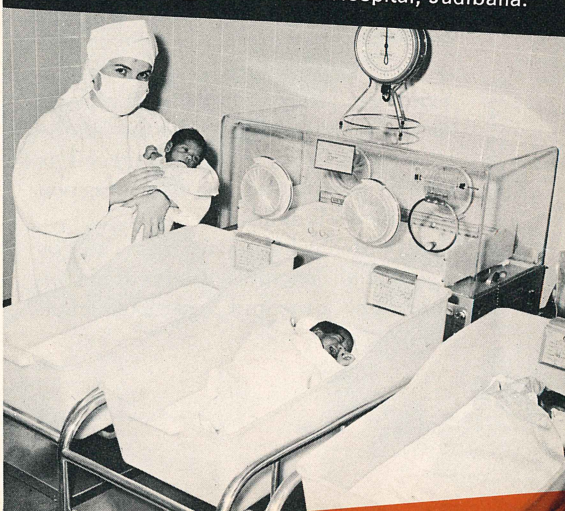
It has been said, "Venezuela's history is in the future." Venezuela has indeed enviable and exceptional resources. Medical Mission Sisters also look to the future. Their hospital program can best be described as "Treating and Training"—a program for today, tomorrow and eternity.



Sr. M. Timothy makes friends with Juan at Sagrada Familia Hospital, Caripito.

Sister Marilyn and Jose Urdaneta who was treated for a severe infection.

Sr. Joseph Marie with triplets born at Sagrada Familia Hospital, Judibana.



"Our family hospital"

by Sister M. Anita

A hospital, like an individual or a family has its own personality. The difference of one hospital from another is not the difference in the structure of the building, housing the multi-facet activity of a hospital. It is in the people participating in such activity. The difference is in their motivation, level of professional standards, combined personalities, etc.

I'd like to introduce you to the Staff of Hospital Sagrada Familia (Holy Family Hospital), Judibana. It has a small staff as our Judibana hospital is only a thirty-two bed hospital with an Out-Patient Department of about seventy-five patients daily. The hospital is located on a desert peninsula of Venezuela jutting into the Gulf of Venezuela. The hospital cares for the families of workers from the two large oil refineries nearby and also the indigenous fishermen's families.

Five Medical Mission Sisters, a dozen Venezuelan doctors, graduate nurses, aides, laboratory and X-ray technicians, cooks, cleaners, gardeners, etc. make up the family. I call it a family because it is the best way I know of describing this group of people. The outstanding trait of the group is its family spirit, which is commented upon by so many of our patients and visitors.

This family not only works together, it prays, plays, and grows together. Christmas is especially a time of much united effort. There are department cribs; cactus Christmas trees; special Advent *Aguinaldos* (songs) sung each morning in the chapel after the lighting of the Advent wreath, and the reciting of an Advent prayer by a different employee each day; the annual family Christmas party with games for all; and of course gifts for the children from the three kings.

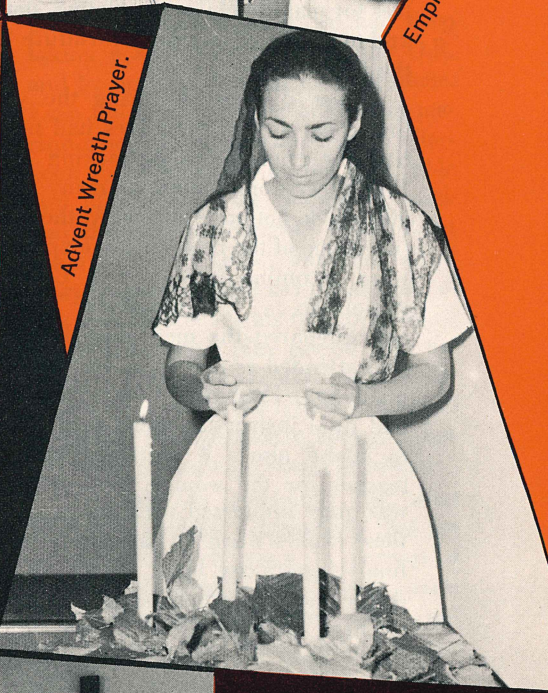
Two years ago the staff decided that they would use the traditional Christmas Play as a means to contribute towards a church being built in a poor village nearby. Everyone had a part, as there were costumes and props to be

Sister M. Anita and staff planning Christmas party.

Employees' library.

Staff party.

Advent Wreath Prayer.



Chapel. Judibana Hospital.

Staff gifts for the poor.

made, scripts to be typed, tickets to be printed, and of course actors and chorus members. All this from forty-some employees. The big production was staged three nights and Father was given a fair-sized purse towards the Church Fund. Last year the staff selected several poor families for whom they would provide a Christmas. There were committees for making children's clothes, dolls, and toys, as well as simple furniture for the family's use also.

It was discovered during the year that some of our employees had never had the opportunity of making their First Holy Communion, as many small villages do not have priests. At the same time some of the professional employees were becoming interested in Catholic Action. So . . . . . the X-ray Technician prepared the men (his class was well attended as those who had already made their First Holy Communion, but had little instruction since then, asked to attend also). A secretary was the teacher for the women. Our chaplain was quite impressed with the results of these classes when he came to give the final preparatory talks. When the big day came, the whole staff wanted to celebrate with the First Communicants, so all sang the *Misa Comunitaria*, a Spanish Gregorian Mass. Naturally a First Holy Communion Breakfast followed.

A patient-employee library is attended by Ramon, our pharmacy assistant, who not only keeps a good check on the books, but who is very good at suggesting the right book for the right person.

Saving and Loan Associations for the low and middle classes are not common in South America. As a result many an opportunist takes advantage of his neighbor's misfortunes by lending needed money at outrageous rates. The Church is sponsoring Cooperative Loans and Savings Associations in order to help eradicate this usury. The hospital has a very active unit. In a year and a half the employees with some help from the doctors have saved Bs. 20,000. Much of this money is on loan to members at an interest rate of 1%. Before making a loan, the elected committee of control must vote to decide if the reason for the loan is acceptable. This not only makes money available to the members in the time of need, but also teaches the members a great deal about good management of their funds. It is the custom to go into debt for a Baptismal Fiesta or a dress for some special occasion, etc. but the fact that a group of your fellow workers decides that such a fiesta or dress is not a sufficient reason for a loan, helps one to learn to evaluate better the essentials from the non-essentials.

This week the "Board of Directors" of the Association has been busy approving and purchasing a house for a poor cleaner who is the only support of her five children. The Co-operative will buy the house and Cataline will pay her regular rent fee to the Co-operative for three years at the end of which time the house will be hers.

One can well imagine with what harmony and co-operation such a staff works. The spirit of the many activities is a stimulus towards considering the hospital "their hospital" and working hard to keep its high professional and charitable standards. Staff meetings are lively with suggestions for improvements and administrative recommendations are well received.

Last year five nurses aides were awarded scholarships to study nursing, by various local associations in appreciation of attention given to the patients by the personnel.

little girl from the JUNGLE

by Sister M. Janet

A Motilon girl

"Sister M. Janet"

Carrying Marina in my arms, I came out of Pediatrics and like any other day she pushed the button for the elevator. As we were getting into the elevator, one of the secretaries came rushing along with a new little doll, and after stopping only a moment to say "many thanks," we were off on our daily trip to the Operating Room. Each afternoon for almost a week, we had been taking a sight-seeing trip of the O.R. and by now Marina felt quite at home. Even the big lights and anesthesia machines held no fear for her as each afternoon she climbed up on the O.R. table and played with the anesthesia mask and the big overhanging light. What Marina didn't know, however—and what we couldn't tell her—was that today was different—this trip to the O.R. was not the usual play period with the strange, shiny things and the masked people in green. This trip was the real thing and when she woke up again, her operation for hare lip would be over.

You may be wondering just what kind of a hospital Coromoto is that the nurses take such pains to prepare a small child psychologically for an operation. Although ideal, this of course, cannot be done for every child and the hospital personnel must depend a great deal on the psychological preparation of the child by his parents. For Marina, however, it was essential—for Marina was different.

Belonging to what is believed to be the fiercest and most uncivilized Indian tribe of Venezuela and Colombia, two-year-old Marina Azto-Tona and two other gravely ill Motilon children came to Hospital Coromoto from the Capuchin Fathers' Mission of the Angels, in Tukuko, a six-hour drive from Maracaibo. It was only a year before her trip

to the hospital that *anyone* had made *any* peaceful contact with the true Motilon Indians either in Venezuela or Colombia, since 1821.

Known as Motilones from their custom of cropping their hair *(motilarse)* these Indians have been known to exist since as early as 1627. From then until 1821, some contact had been established with them, but due to the political conditions during the War for Independence, the missionaries were forced to leave the country and the Motilones fled for safety to the mountains of Perija where they live today. Since then, their marksmanship and deadly arrows have been the terror of the surrounding areas and every attempt to contact them peacefully failed until July, 1960.

Hoping to eventually re-establish their ancient contact with them, the Capuchin Fathers in 1945 established the Central Mission of the Angels, in Tukuko, exactly on the frontier that separates the territory of the Motilones and the Yupas, another Indian tribe, similar but not so ferocious. Finally in 1960, after 16 years of hardship and sufferings from the arrows of the Motilones, the first group of Capuchin Fathers pushed through the jungle on foot and reached the actual *bohios* or multiple family dwellings of the Motilones, where they were received peacefully. Three days earlier, a group of Venezuelan government officials had contacted them by helicopter.

It was to the Capuchins at Tukuko then that Marina's family turned when she became gravely ill and they, in turn, sent her with two other older children to Hospital Coromoto for the care they so desperately needed.

At first, the need for communication, verbal or otherwise, was not so urgent. All were too ill to realize what was happening to them or where they were. But eventually, as they responded to treatment, we were confronted with the difficult task of helping them adjust to a hospital environment — as different from their life in the jungle as night is from day. Speaking a language distinct from other Indian languages of the area, they were not able to communicate their wants to us verbally and we were totally incapable of explaining to them what had happened to them and what they were doing in a hospital. It is times like this that the only answer can be love.

One of our pediatricians cared for the children so well that within a relatively short time they were ready for discharge —all but Marina. One of the surgeons offered to repair Marina's hare lip and we were more than willing to keep Marina with us for a longer time. A decision had to be made, however, as to whether Marina could be separated from the other two little girls and remain alone in the hospital without too much psychological trauma.

Weighing Marina's relationships with the nurses and the aides against those with her fellow Motilones, we decided she felt sufficiently secure, and loved in the Pediatric atmosphere to which she had become accustomed in the past two months, to permit us to make arrangements for the two older girls to return while Marina remained. On the day of the children's departure, special efforts were made to see that Marina was busily occupied while the others quietly left the department. Unfortunately, however, the Doctor ordered another blood transfusion for Marina and we were afraid that the restraints necessary for the procedure, plus the possible fright of being alone might be too much for her. But

Marina comes of strong stock and although she cried during the blood transfusion, she was soon her happy self again—apparently oblivious of the other children's departure.

On the day of the actual operation, all our fears for Marina's reaction proved unfounded as she was truly a marvel to behold in the O.R. Sitting on the O.R. table, playing with her doll, she jabbered with the nurses and anesthesiologist—by now old friends. As the surgeon wanted to take a set of "Before-After" pictures, he connected some photographic lights before the anesthesia was begun. Acting as if she were a veteran model, paid by the hour, instead of a two-year-old girl from the deep jungle, Marina took one look at the lights, raised her splinted arms in an appealing little pose and beamed!

All that remained was to give her an intramuscular injection of sodium pentothal and she was soon in the land of her dreams. When she awoke in the Recovery Room, in her own crib once again, I was there to reassure her and as soon as she had reacted sufficiently from the anesthesia to preclude any danger, we immediately transferred her back to Pediatrics where she would be among familiar faces once again.

That day, of course, she was so sleepy, we didn't feel safe in removing her arm restraints, but the following day after the effects of the anesthesia had worn off, all that was necessary was to say—"Marina, don't touch your lip,"—and Marina didn't touch it. What other two-year-old child would be so obedient? The obedience and self-reliance instilled in these children from an early age was absolutely amazing. She would pout and cry like any other child, but she had no doubts as to the meaning of obedience.

The day of Marina's departure finally arrived and one of the Capuchin Fathers came to the hospital for her and her many gifts from the nurses and patients. This, however, proved to be the one thing Marina was not prepared for—and she would have none of it. Even though the Capuchin spoke to her in her own Motilon language, she absolutely refused to leave the hospital with him.

There was nothing to do but leave without her and it was decided that we would later take her to an orphanage here in Maracaibo conducted by the same Sisters as at Tukuko and perhaps by Father's next trip, she would be ready to go with him.

Having alerted everyone to the plan, I went up one afternoon to get Marina to take her for a walk—something to which she was accustomed. Instead of going for the walk, once we stepped out of the hospital, we drove away in the car, but Marina was so delighted with the ride that she didn't realize what was happening.

There were a few hard moments when she saw the other Sisters at the orphanage, but luckily a little girl came up and she wandered off to play in the patio. Then with the charm and insight of children, Marina's new little friend offered her some *leche*—a glass of milk—and completely oblivious of my presence, Marina hurried off in search of her cool drink.

When she returned, of course, we were gone, but with the short memory span of childhood, I feel sure that Marina was quite content with her new found friends and her three-months experience at Hospital Coromoto had become only a happy interlude instead of what could have been a frighteningly traumatic experience for our little girl from the jungle.

profession

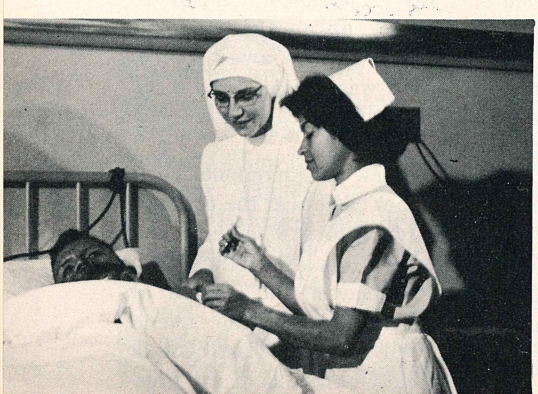
On a day when Venezuela needs at least 14,000 nurses to fill its most acute health needs, a number which grows daily as the country's public health facilities increase and multiply—on this day, September 11, Feast of Our Lady of Coromoto, Patroness of Venezuela, the sight of our first class of nursing students walking to class in their pert aqua-colored uniforms with starched collar and cuffs is truly a ray of hope and a promise of the future for Venezuela.

The first School of Nursing in Venezuela was founded in 1916 by Doctor Francisco Antonio Risquez in Caracas. It was the seed that grew to be a strong tree with seven government Schools of Nursing branching out over Venezuela. Hospital Coromoto's School of Nursing and the only one under private auspices in the country, joins the National Schools of Nursing in forming and educating professional nurses.

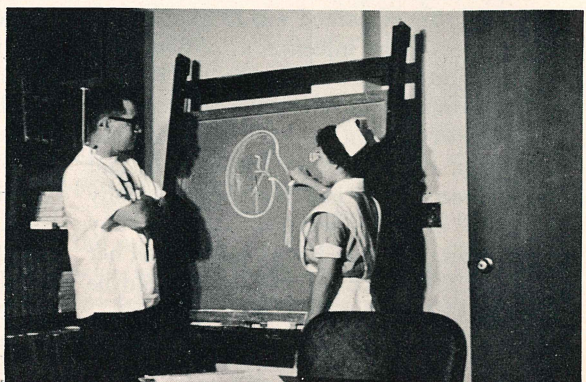
The innate gifts and interests of the young Venezuelan woman fit her naturally for a vocation which requires sympathy and empathy for others, a love of children and the elderly, a generous heart and willingness to serve.

The student's first days in the Nursing School are full and exciting. They are an introduction to the new life in a hospital. They are days full of study and demonstrations, which take on new meaning as the students begin to realize their responsibility to those for whom they will care.

Then the long-awaited day when the students receive the starched white cap

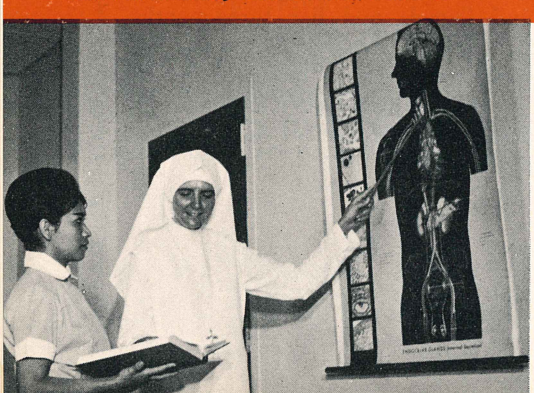


The young Venezuelan woman has an innate sympathy and love for the suffering.

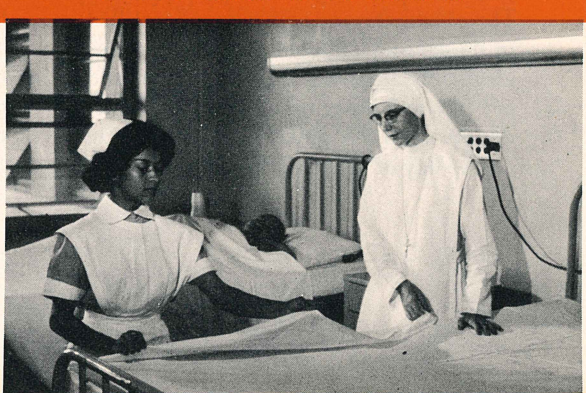


The student must study hard—anatomy, biology, chemistry, physiology, etc.

The student's first days in nursing are full of study and demonstrations.



The big day comes when they are capped and wear "whites" for the first time.



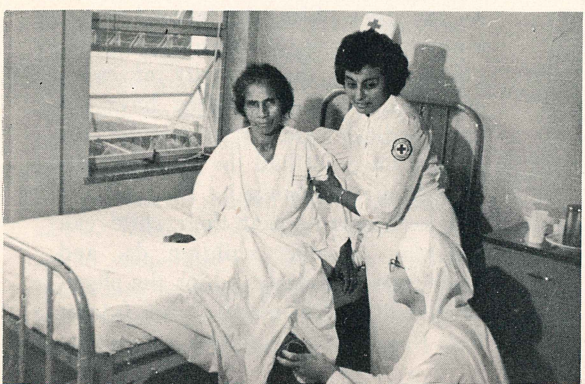
# of Service

by Sister M. Juanita

and wear for the first time the white pinafore which with their uniforms make up their hospital uniform and indicate their professional capacity at the bedside. Under the supervision of Sister and lay supervisors, they learn to make the patient comfortable, to watch for and recognize signs and symptoms of disease. In their clinical conferences, they learn the meaning of the laboratory tests and X-ray studies which so often are the keys which open the door to diagnosis and cure. In all this, there is such an eagerness to learn and to be of service that is both refreshing and a reminder of our responsibilities to develop this interest and enthusiasm to the utmost.

The earlier months of intense study now begin to bear fruit as the student studies Medical and Surgical Nursing, integrating the concepts of pharmacology, microbiology, sociology and psychology with the knowledges of disease entities—all going to make up the care and treatment of real people, her patients. We see the students maturing as they face the reality of pain and death, comforting the patients and their families.

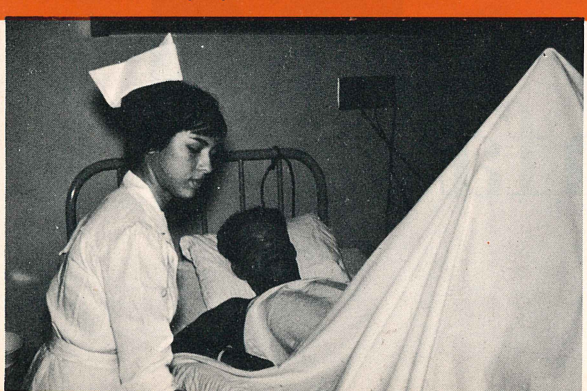
They look forward especially to their second year and their work in Maternity and Pediatrics, where new life begins. Their specialties, such as Psychiatric Nursing, Public Health Nursing, etc., come later, as they near graduation; all of it preparation and formation of a graduate nurse who we hope will be truly a guardian of the health of her people.



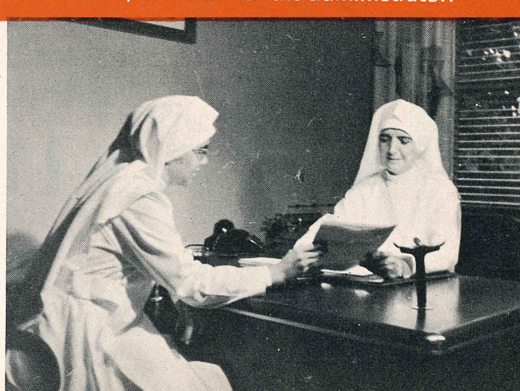
Sr. Juanita and Sra. Ferrer show students how to help a patient get out of bed.

Now she assists the doctors on rounds, ever ready to carry out their orders.

Back on the wards after graduation, as a staff nurse, prepared to be of service.



Sr. Juanita, Directress of Nursing Education, confers with the administrator.



2 LEGS FOR Ninfa

by Sister M. Anton

Ninfa was born in Lagunillas, in the state of Zulia, in Venezuela on September 8, 1941. She *was* different from other little girls, by the fact that she had a congenital absence of the right lower extremity. It terminated below the knee as a stump with deformed toes. The left lower extremity was clubbed; and now had atrophied. As she grew older, she learned to get around by using two wooden handpieces. As in the majority of cases, when handicapped children have not had medical care, it is because the parents have not had the means or the opportunity to obtain it. They usually feel keen sorrow that their child can not play as other children do, and realize the boundaries which the physical handicap will place on his future. But, Providence takes care of matters in its own way.

Ninfa

In 1959, when Mr. and Mrs. Terespolskis, Americans who were working with a construction company in Venezuela, saw Ninfa, they immediately wanted to help her, if it were at all possible. They asked Dr. Jose Maria Anez to see if there was something that could be done. After having seen her, Dr. Anez replied that she should be able to walk with artificial limbs. To take the first step in this matter, Mr. and Mrs. Terespolskis and the American Construction Company offered to buy the artificial limbs from the States. Dr. Anez also recommended the couple to contact the Community Center of Ojeda, where her case could be studied and helped. Mrs. Graciela Rincon, the Director, with the Committee of the Community Center, studied her personal data, and all resolved to undertake this arduous task, knowing that, although the money was offered to buy the artificial legs, the remaining part, the securing of skilled surgical treatment, hospital care, etc. would be more costly. Encouraged by the first offer, they began their wonderful work.

They visited the family to study their needs. When Ninfa was asked if she would cooperate, if they were able to find those who would help in her rehabilitation, she replied that she would do everything possible. Though she had not gone to school, she gave all appearances of being intelligent and very willing to learn.

Ninfa was taken to Maracaibo, where she was referred to Dr. Jose Arreaza Urdaneta, an Orthopedist. He recommended surgery and also the artificial legs. Mrs. Graciela Rincon was concerned about the expenses for medical care. But Dr. Arreaza was extremely generous and exclaimed, "If there are persons who dedicate their time and money for a case like this, then, I, too, can give part of my time and skill in order to collaborate with them to accomplish this work of charity which you have initiated." When asked where he would operate, the doctor replied, "At Hospital Coromoto, if it is at all possible." Of course, our Coromoto hospital was at her service, without charge.

So, on August 14, 1959, Ninfa was hospitalized. The left lower extremity was amputed below the knee. She was discharged on September 2, 1959. She was re-admitted on November 11, 1959, for examination. The measurements for the prostheses (artificial legs) were taken, and she was discharged again on November 28, 1959, while waiting for the prostheses to come from the States. Due to unforeseen circumstances, they did not arrive for two years. Neither Mrs. Graciela Rincon, nor the Community Center lost hope. They finally did arrive in 1962!

On January 29, 1962, Ninfa was readmitted to the hospital. Physical Therapy was ordered. No matter how ingenious the prosthesis, it is the user who ultimately determines its success; that is, the degree to which it assists in his rehabilitation. Before this can be clearly established, the patient must be trained in the use of his prosthesis.

We measured the range of joint motion. A manual muscle test, an evaluation of a patient's ability to contract actively a muscle or group of muscles against a known resistance, was done to test for any weakness in both stumps, abdominals, and back. As both knees could not be straightened out, an operation was performed to remedy this defect. Afterwards, attention was given to the overdevelopment of the arms and the trunk muscles. Progressive resistive exercises were done in order to develop general muscle strength, as also to strengthen specific muscles.

Finally, Ninfa was ready for her prostheses. She had waited so long for this day. We, with sound limbs, take walking for granted. But, she worked hard, and hardly a day went by that she wasn't drenched to the skin with perspiration, but she never lacked DRIVE.

Ninfa was taught how to put on and take off her prostheses. Then how to put on her prostheses and assume a standing position, within parallel bars. She learned to shift her weight from one foot to the other, then balance on her limbs with her hands on the bars. Then she balanced for five seconds with no support, gradually increasing it to minutes, with no trouble at all, within and outside of the bars. Then crutch drill. As she gained confidence in herself, and as her balance improved, she soon lost fear of crutches. At last she was able to walk outside the bars, without crutches, changing directions on command. There was always a possibility that she might fall or slip while walking, so she learned to fall and get up from the floor unaided. She learned to sweep and wet-mop the floor, and did quite well. Then she went out-doors to realistically confront hazards as would be found in the activities of daily living. To make it a little more difficult, she walked in the rain, on rough ground, grass, cinders, sand, and rugs. There would be times when she would go shopping and would have to carry home the groceries, so she learned to walk about 25 feet, carrying a shopping bag, weighing 15 pounds. Before too long, she managed to carry the weight about 300 feet, then up and down 2 flights of stairs.

Ninfa in chapel thanking God for her new legs; we take ours for granted.

While in the hospital, she studied her catechism very diligently and asked to receive her First Holy Communion. She was determined to kneel down and get up from the Communion rail unaided. She did it beautifully!

One day I asked her what she would like to do more than anything else. I was thinking in terms of employability. One of her hopes was to become a seamstress. From then on, she spent several hours daily under the guidance of the hospital seamstress, learning everything from threading a sewing machine to mending, cutting out patterns, and sewing. She certainly showed an innate aptitude for sewing. Her work was good, and she would gain speed with practice.

A crippled attitude of the mind renders more unemployable the youth with a lame leg than the one with useless legs supported by crutches, but motivated by a healthy mental outlook. As for Ninfa, she has what it takes. She hopes to work as a seamstress, and study at night. Needless to say, she went home a very happy and independent young lady.

NUTRITION IN THE ANDES

One morning when we came out of Mass in the pueblo at La Mesa where we were vacationing, we found a big Army bus parked in the plaza—an unusual sight for a sleepy little town high in the Andes. Naturally, we had to find out the reason. Senor Beserra, the major-domo of the plateau, told us they were a group of doctors from the United States to see about the "big necks," or goiters so prevalent here in the Andes. Endemic goiter is a state of enlargement of the thyroid gland due to lack of sufficient intake of iodine. The highest incidence in these goiter areas occur in girls 12 to 18 years and boys 7 to 13 years. Many have hyperthyroidism or toxic growths which must be removed.

Milk maid keeps her child close to her as she tends her early milking chores.

Little shepherds of the Andes.

As it turned out, this Study was much more than just "goiter." Sr. M. Louis and I went down to the school after breakfast to meet one of the nutritionists from the National Institute of Health in Bethesda, Md., who explained to us just what was happening. The group was part of the international nutrition survey program of the Interdepartmental Committee on Nutrition for National Defense and was working side by side with the local nutrition specialists from Caracas. The government of Venezuela requested the nutrition survey and the group will be here for almost two months, working in six major areas of the country.

The set-up seemed very complete. Three people had arrived before the large group and selected 50 families from the pueblo to take part in the study. When they arrived at the school, they were all registered and given physical examinations and lab tests were done. Then one out of every six were given extensive physical examinations —some even had electrocardiograms, glucose tolerance tests, etc. The woman in each family who is in charge of the meal preparation, was interviewed by a student dietician from Caracas as to the family diet, the amount eaten in the past 24 hours, etc.

Simultaneously, others of the group were checking the stores for the type of food sold and they even checked the animals in the fields. Some food samples were also sent to the U.S. for analysis. This survey has already been done in 22 countries throughout the world. These Studies have enabled the development of practical recommendations for improvement and are being implemented by the countries concerned.

—S.M.J.

+ R.i.p.

Please pray for our benefactors recently deceased:

Rev. Joseph Weitekamp, Aurora, Ill. + Rev. John J. Winiarski, C.S.C., Chicago, Ill. + Bro. Calasanctius, C.S.C., Anderson, Ind. (Brother of Sr. M. Jude, S.C.M.M.) + Mr. Joseph Byrne, Philadelphia, Pa. + Mr. L. W. Dixon, Sherbrooke, P.Q., Canada + Mrs. Mattie Grier, Atlanta, Ga. + Mr. George Heberg, Bellerose Manor, N.Y. + Mrs. John B. McMahon, N.Y., N.Y. + Mr. Michael Matyi, Lorain, Ohio (Father of Sr. M. Juliana, S.C.M.M.) + Mr. Sheppard, Catonsville, Md. + Mr. Stephen Stafford, Bethesda, Md.

BOOKS

Sister M. Julia

AFRICAN HOLOCAUST: THE STORY OF THE UGANDA MARTYRS. John Faupel, M.H.; Kenedy. 242 pp. $4.95.

"We have put many people to death, but none such as these. The Christians were wonderful." It was Ascension Thursday, 1886, at Namugongo, Uganda. For a week the executioners had been gathering wood for a giant pyre. During this time some thirty-one boys, pages of the king, were chained in pitiful hovels preparing for their death by prayers and mutual encouragement. One page, son of the chief executioner, was more severely tried. He spent the week with his family who tried to persuade him to give up his religion. But the boy was steadfast.

The day arrived, and the leader of the group, handsome and capable Charles Lwanga, former Majordomo of the Palace, was the first to be sacrificed. "My friends," he said, "we shall meet before long in heaven. Keep up your courage and persevere to the end."

The boys were wrapped around with reeds, and laid on a huge pile of wood. During the burning no shouts or cries were heard—only prayers. A few of the condemned had been kept aside at the last minute, and one of them protested, "We are Christians, too, and shall never abandon our religion. We wish to be burned like our brothers." This would-be martyr was spared and was later present at the beatification of his friends.

Father Faupel, himself a missionary in Uganda, tells their inspiring story with detail and accuracy. This book has ecumenical timeliness, recounting as it does the collaboration of Catholic and Protestant against a common evil, and their brotherhood in death.

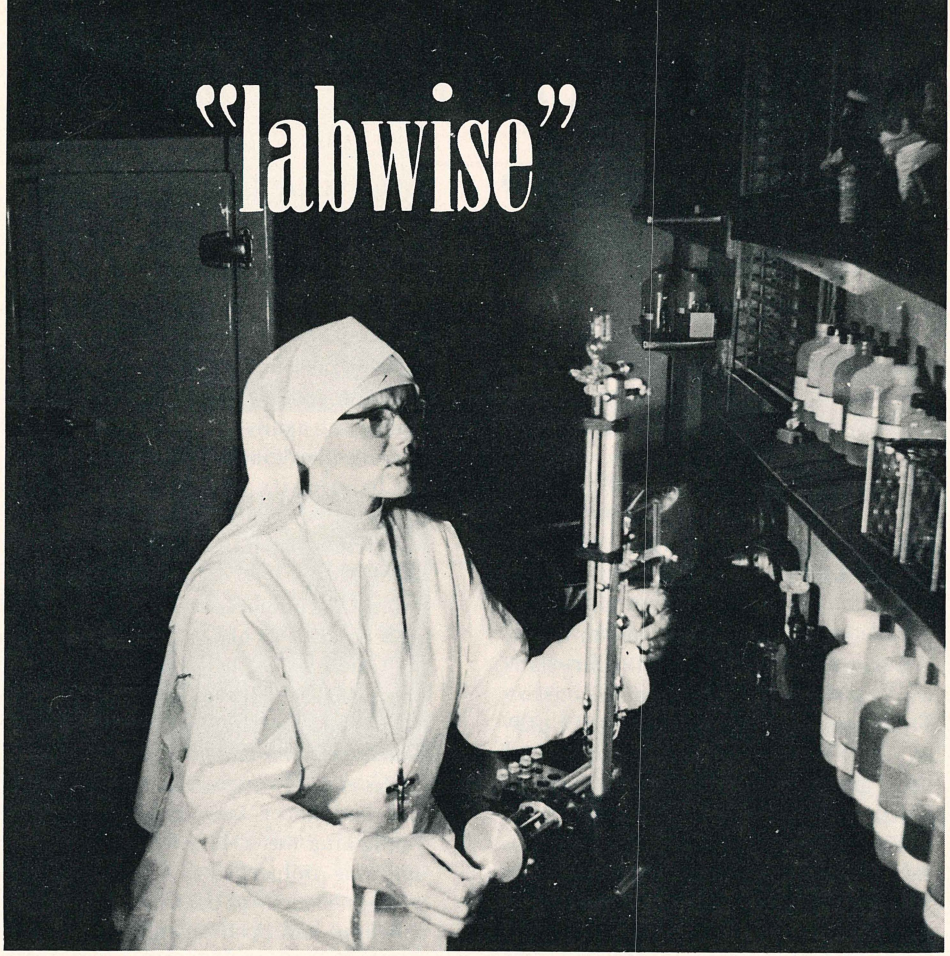
Christianity was first brought to Uganda by English Protestants. Later, in 1879, French White Fathers established themselves at the court of King Mutesa. A complex person, Mutesa toyed with both forms of Christianity and also with the Moslem belief and allowed the missionaries to preach, and even considered their religion himself. But he died as he had lived—a pagan.

His son, Mwanga, was not yet twenty and had never known discipline. The young king was a slave to unnatural vice and was influenced by his chancellor who was jealous of the Christians, many of whom had positions of honor at the court. Mwanga believed the rumor that the missionaries represented foreign powers, and gave orders to kill an Anglican bishop who was just entering his kingdom. Joseph Mukasa, the Majordomo, and a splendid Catholic, rebuked the king for this murder, and he himself was imprisoned. The Protomartyr was beheaded November, 1885.

The climax of the persecutions came at Namugong where more young men laid down their lives with astounding courage. The King exclaimed, "The white men give these children some medicine to maintain the faith in their hearts—once they have taken it, neither torments nor sufferings can wrest faith from them."

It is a medicine we need today.

"labwise"



Laboratory buzzes from morn to evening. Sister M. Bernarda, author, at the microscope.

It seems only right that in an issue devoted to the "role of the modern hospital," we get a word in LAB-WISE as to our contribution to a well-developed Hospital and well informed Staff. I feel that we have made some notable strides towards this goal here in our Lab at Coromoto.

We have as a Lab Staff, four University graduate technologists working full time, one part-time technician, two lab aids, a secretary, and a dishwasher. Two doctors on the medical staff are connected with the Department, Dr. Benitiz and Dr. Salcedo.

This group is responsible for some 50,000 to 60,000 tests yearly. In-patients, out-patients from the various oil companies, private patients and a large group of charity patients make up those for whom we are doing these tests. Weekly we give free Lab and X-ray service to the University of Zulia Medical School's three clinics held in the hospital. These clinics include a Diabetic Clinic, a Hematological Clinic, and an Arthritic Clinic. The findings after one year's study from the Diabetic Clinic were recently published and a note of gratitude given to the Hospital for making such a project possible.

A prerequisite for all employees is a public health examination. We handle all of these for our employees. As in

any Hospital there must be controls, so we here, too, routinely do innumerable control cultures. These include all the various aspects of the kitchen service, the laundry, isolation, sterilizers, etc. We have even done air contamination studies.

We have been cooperating recently with the Public Health which is doing a study of Polio antibodies in pregnant women. Also we might mention here the water controls that we do for several testing companies and private water distributors.

We do over 400 Protein Bound Iodine tests every year and are now computing a statistical study between PBI, cholesterol and BMR's. Last year we began Radioactive Iodine uptakes. We also offer a complete adrenal cortical study and our latest NEW is the ultra micro Spinco System. This is a big boon to Pediatric cases and also to the burn cases we get as a result of industrial accidents. Where blood is difficult to get and electrolyte balance is so important this will prove a real life saver.

All of the tests are not SPECIALS, but even the routine tests take on a new interest when it is not unusual to find anywhere from one to four types of parasites in the same specimen, or the cultures for Mycology grow all types of challenges to identification.

We are always on the lookout for blood donors to keep our Blood Bank well stocked, as is every Blood Bank everywhere. And speaking of banks, we recently opened the first EYE BANK in Venezuela. It will be a service center for all hospitals and doctors working in this field. * * *

It seems, at times, that we stress only the Medical aspect of Hospitals in the emerging nations and neglect to point out other channels of influence to the detriment of a more complete understanding of what Hospitals can contribute.

Let me give you an example right here in Maracaibo. About four years ago I took over the Hospital Purchasing. At that time things were in one sense relatively easy. There existed only a few sources of materials, equipment and general Hospital goods, with a limited supply. The majority of our needs had to be filled by indirectly or direct importation from the States. One large order was placed, paper formalities taken care of, customs and pick up of the delivery too and we were set for another period of months.

Since then, little by little, local "Fabricas" have begun to set up shop. Some of these modest beginnings have resulted in major industries. The initial products were not perfect, but where local goods could be substituted for imported ones, without any lessening of standards, we did so in an effort to encourage "Home Products."

As rapidly as new types and diverse products appeared on the market, those started, began to improve. Prices went down and the competitive "whirl" began. Salesmen picked up from uninformed, apologists to sharp, well dressed informants, who have something you want to buy and are going to try to convince you of it.

Due to the greater availability of goods and a comparable facility of transportation, we have set up, what has proven very effective in many Hospitals in the States, Group Purchasing among our three Hospitals here. Taking advantage of quantity buying, better discounts, more competition and a vastly greater choice of goods, we are able to maintain a high standard of service at an ever increasing local level—a marvelous advantage, that I can't help but feel, that we were instrumental (if even in a small way) in bringing about.

Do you agree with me that in our limited way we are making our contribution to a medically better Venezuela?

Across the Medical Mission World

SOUTH VIETNAM

We Visit a Home

Shortly before we left Quinhon we had the opportunity of visiting the home of one of the poor Vietnamese farming families in a village just outside Quinhon. Father So was our guide and Sister M. Marguerite our interpreter. Father So pulled up in front of the home of a Vietnamese family and asked the mother if we might see her home. She was most obliging and hospitable and immediately took us to one end of the compound where she motioned for us to come up a few steps and through a curtain into what turned out to be a combined living room and bedroom. There, almost in front of the doorway, hung a small hammock with a little boy in it fast asleep.

By now it was becoming a family affair as the father appeared from across the fields and several more children ventured forth from across the compound. Someone asked how old the child was and I was surprised to hear the mother say six, as he looked so small. Father So explained that in Vietnam a baby is considered one year old the day he is born. In the United States he would be only five.

Stepping around the sleeping child, which had not even budged despite all our talking, Father moved to the back of the room and pulled aside a curtain revealing a shrine to the Blessed Virgin, a common sight in Catholic homes in Vietnam. One is struck almost immediately upon entering the country by the deep religious life of these people. The Catholics all seem so close to the Church and the sacraments. Daily Mass at the cathedral is well attended and many receive Communion.

We asked if we might see the kitchen before we left, and were ushered into a small room in the rear of the compound. Spices and grains were neatly stored in baskets and crocks along the sides of the room on the floor. The cook was in the process of preparing the evening meal, separating the rice from the chaff by shaking it through a round sieve made of bamboo. The rice falls through and the bits of twigs, etc. are discarded in another basket. Seeing some rice flour on the floor in one of the baskets, Mother asked Father So if the cook would be willing to show me how she grinds the rice into flour. This is done by pounding the grain with a long heavy pole. She let me try and I thanked the good Lord

that I don't have to do it every day. It is a slow process and very tiring.

The dining room was a small table under a verandah just outside the kitchen. At the other end of the compound was a shed for the animals, a water buffalo, some pigs and three tiny puppies which insisted on running in and out of our legs. To the side of the shed was a canoe turned upside down. On the whole these people live very simply and everything is neat and extremely clean. It was indeed a wonderful experience to be so welcomed into their home and it was with sincere thanks that we climbed into the car to return to the hospital.

Sister M. Berchmans

Village outside Quinhon

VENEZUELA

Village Wedding

Recently we attended a wedding in a little mountain village. The bride came first, holding her bouquet of gladiolas out in front of her, much like the Statue of Liberty with her torch. She was followed, or more correctly, she was pulling along behind her a chubby little flower girl, attached to the other end of the train of her veil. The little cherub refused to quicken her pace in spite of the coaxing from the whole congregation and the gentle tugs coming from the other end of the veil. Then came the groom, stiff and uncomfortable in his starched white shirt and a blue suit. His store-bought shoes squeaked with every step and the painful look on his face told everyone that they hurt even more than they squeaked. After Mass everyone proceeded out of chapel, out of the village and up the road to the mountain where the bride's mother and father lived. It was a beautiful sight to see—the whole party wind their way up the mountain in single file because the path was so narrow. About every ten minutes

the whole procession stopped and a boy opened a folding chair at the front of the line for the bride to sit down and rest. It was more than an hour's walk up the path and we brought up the rear, literally puffing. The people were lovely and invited us into their poor little home as if it were a king's palace.

Sister M. Blaise, R.N., Sagrada Familia Hospital, Caripito, Venezuela

PAKISTAN

The First Look

My First Glimpse of Holy Family Hospital was from the plane as we circled for landing in Rawalpindi. I recognized the tower. As soon as we landed, all the things I had read about Pakistan and had seen pictures of, came to life. There were elderly bearded gentlemen in turbans, with wise, thoughtful faces, women covered from head to toe with burkhas, voices calling in an unfamiliar language, water buffaloes trudging through the streets in the path of cars.

Three of the Sisters from the Hospital met me at the airport, and we had an interesting ride in the hospital's station wagon. The narrow roads are shared by buses, tongas, cars, water buffaloes, bicycles, pedestrians, and a few dogs, with all the sounds of each. After weaving and honking our way for a few miles, we came within sight of the hospital's tower, a tall picturesque structure over the sanctuary of the chapel.

The hospital is a large red brick building, beautifully designed. A statue of The Blessed Virgin stands above the large entrance to the out-patient department, the first entrance. The hospital is divided into the usual sections of a modern hospital, and the student nurses occupy a wing on the top floor. The "purdah garden" is in the center of the quadrangle formed by the building, for the use of the Muslim women patients whose tradition forbids them to be seen by any man outside of their own family.

One of the Sisters took me through the hospital and introduced me to the Pakistani nurses and staff. We were greeted with, "Salaam," or "Salaam-ji," or, "Good morning" by the ones who speak English. "Salaam" is the usual Pakistani greeting and means "Peace." "-ji" is a form indicating respect.

Since the non-surgical patients are allowed to wear their own clothing, the wards are quite colorful. The women wear the same type of dress and veil in the hospital bed that they ordinarily wear everywhere.

Sister Bernadette Marie, Holy Family Hospital, Rawalpindi, W. Pakistan

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AFRICA

ON THE MISSION OF THE CHURCH

"It is the continuation of Christ, and therefore is similar to a voyage in which the Church lives and develops and continues the work of redemption; and although it manifests all the features of a great and evident human phenomenon, it is not just human. It is a certain continued Incarnation of Christ. The title which St. Paul will vindicate unto himself, as a distinctive 'apostle of Jesus Christ, by the will of God' is more than a personal vocation: it is a special mandate. The first action of the apostle must be that of presenting to the world an admirable, attractive Christianity. The first testimony will be that of our unity, our mutual love, our interior cohesion. The second will be that we love those whom we wish to evangelize: this is the great policy of the apostolate. It is not a conquest but a service. We shall not forget that the fundamental attitude of those who want to convert the world is loving it. This is the genius of the apostolate: knowing how to love." PAUL VI.

INDIA

SOUTH VIETNAM

PAKISTAN

To understand every man's dignity and sublime destiny—to see in disease an enemy to man's well-being—to look to those regions where men are most burdened by it—to care enough to work at a remedy—to care enough to consecrate the whole of one's life to God in service to the sick—this is to move in the direction of a vocation to the Medical Mission Sisters. Animated by the spirit of Christ, these Sisters care for all peoples, no class, creed or race excepted, no disease or condition excluded. Educated as doctors and nurses, pharmacists and technicians, administrators and accountants, they build and staff their own hospitals and training centers for nurses, midwives and technicians. Look for them in the areas of greatest need—in Ghana, Uganda, India, South America, Pakistan, Vietnam —bringing the benefits of modern medicine as a tangible expression of Christ's concern for all men.

MISSION Assignments 1963

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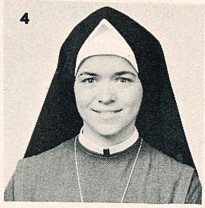
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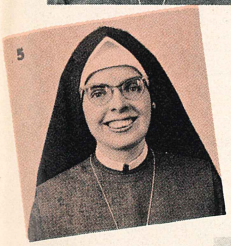
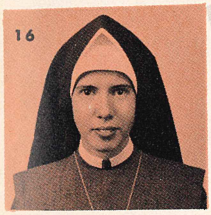




TO AFRICA

1 *Sr. M. Laboure, R.N., Dallas, Texas*
2 *Sr. Marie Therese, R.N., Bronx, N.Y.**
3 *Sr. Regina Marie, B.S. Pharm., Racine, Wisc.*
4 *Sr. M. Roseanne, Dunellen, N.J.*
5 *Sr. M. Rosemary, B.S.N., Elmhurst, N.Y.*

TO INDIA

6 *Sr. Antonio Maria, Cebu City, Philippine Islands*
7 *Sr. M. Benet, M.S., Mexico City, Mexico*
8 *Sr. M. Fidelis, B.S.Pharm., Manila, Philippines*
9 *Sr. M. Paul, M.D., Montreal, Canada*
10 *Sr. M. Praxedes, M.D., Belo Horizonte, Brazil*

TO PAKISTAN

11 *Sr. M. Angela, R.P.T., Greenville, Mass.**
12 *Sr. M. Austin, M.D., Cincinnati, Ohio*
13 *Sr. M. Claude, M.D., Milwaukee, Wisc.**
14 *Sr. M. Gerard, M.S., Rutherford, N.J.*
15 *Sr. M. Gemma, R.N., Salem, Mass.**
16 *Sr. M. Joachim, M.T. (A.S.C.P.), Belleville, N.J.**
17 *Sr. Marie Joan, M.T. (A.S.C.P.), Philadelphia, Pa.**
18 *Sr. M. Mark, Lorain, Ohio*
19 *Sr. M. Teresita, R.N., Philadelphia, Pa.**
20 *Sr. Thomas Marie, R.N., East Orange, N.J.*

TO PHILIPPINE ISLANDS

21 *Sr. M. Fabian, M.S., Philadelphia, Pa.*

TO ROME

22 *Sr. M. Irene, Elizabeth, N.J.*

TO SOUTH VIETNAM

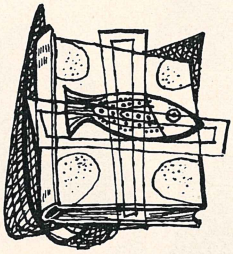
23 *Sr. M. Elise, M.D., Amsterdam, Holland*
24 *Sr. Sheila Marie, R.N., Troy, N.Y.*
25 *Sr. Marietta, R.T. X-ray, Detroit, Mich.*

TO VENEZUELA

26 *Sr. M. Gabriel, B.S.N., Elizabeth, N.J.*
27 *Sr. Marilyn, R.N., Chewelah, Wash.**
28 *Sr. M. Marina, R.N., Chester, Pa.**
29 *Sr. M. Mercedes, B.S., Philadelphia, Pa.**
30 *Sr. M. Norine, McSherrystown, Pa.*

**Returning.*

Washington, D. C.: Congratulations to Sister M. Mechtild Hackl, M.D., class of 1962, Georgetown University Medical School and Sister M. Dominic Stirniman, M.D., class of 1963, who received their degrees of Medicine in June.



Philadelphia. First Professions—August 15, 1963. (l. to r.) Sr. M. Naomi, Sr. M. Fidelis, Sr. M. Killian, Sr. M. Aimee, Sr. M. Helene, Sr. Donna Marie, Sr. M. Cletus, Sr. M. Margaret, Sr. M. Edward, Sr. Anthony Marie, Sr. M. Margaret Rose, Sr. M. Joanne, Sr. M. Nathan, Sr. M. Sebastian, Sr. M. Eloise, Sr. M. Mark, Sr. M. Cosmas, Sr. M. Sharon, Sr. M. Jessica.

YOUR WILL +

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $.....for its purposes,"

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.

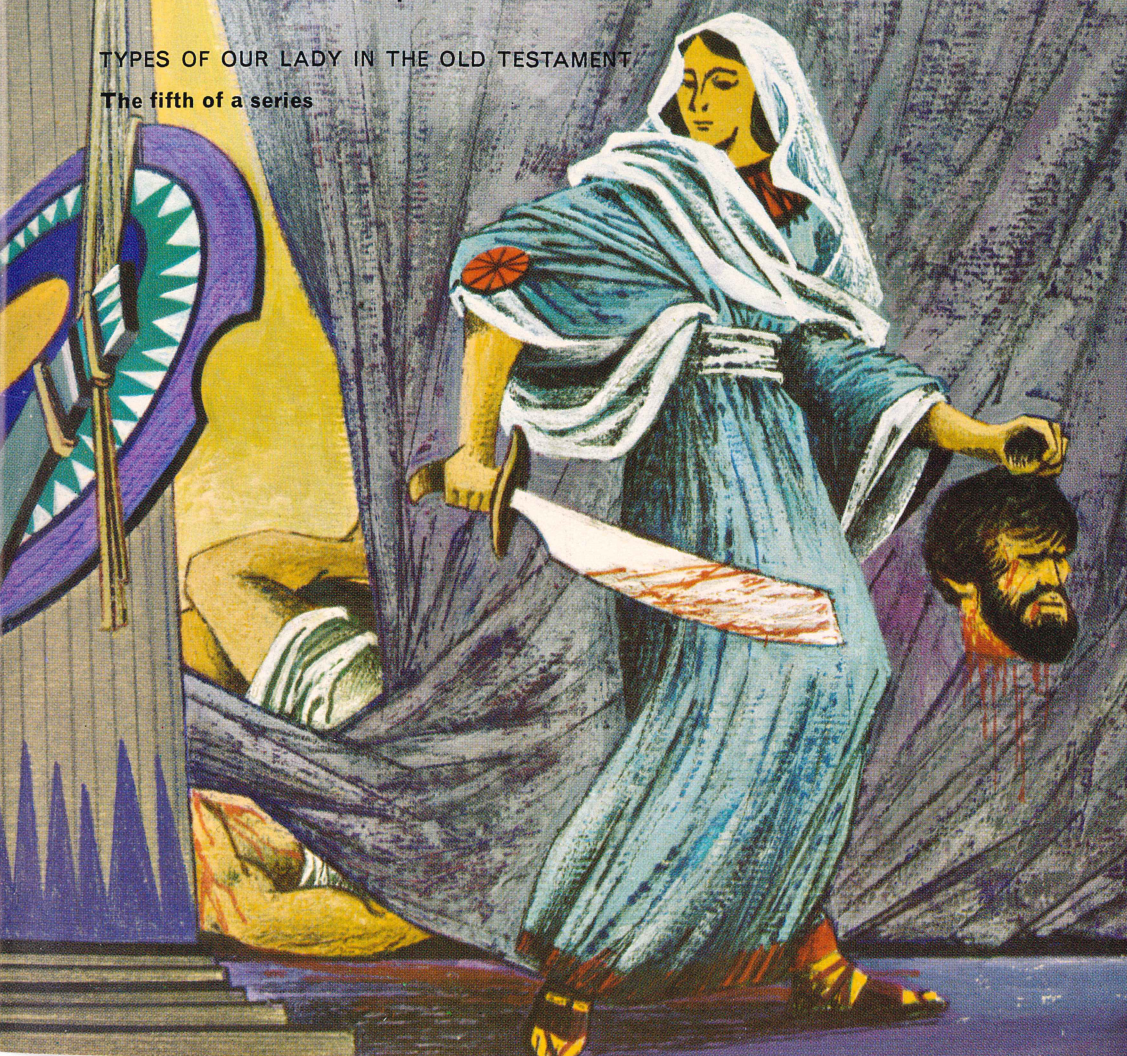
JUDITH

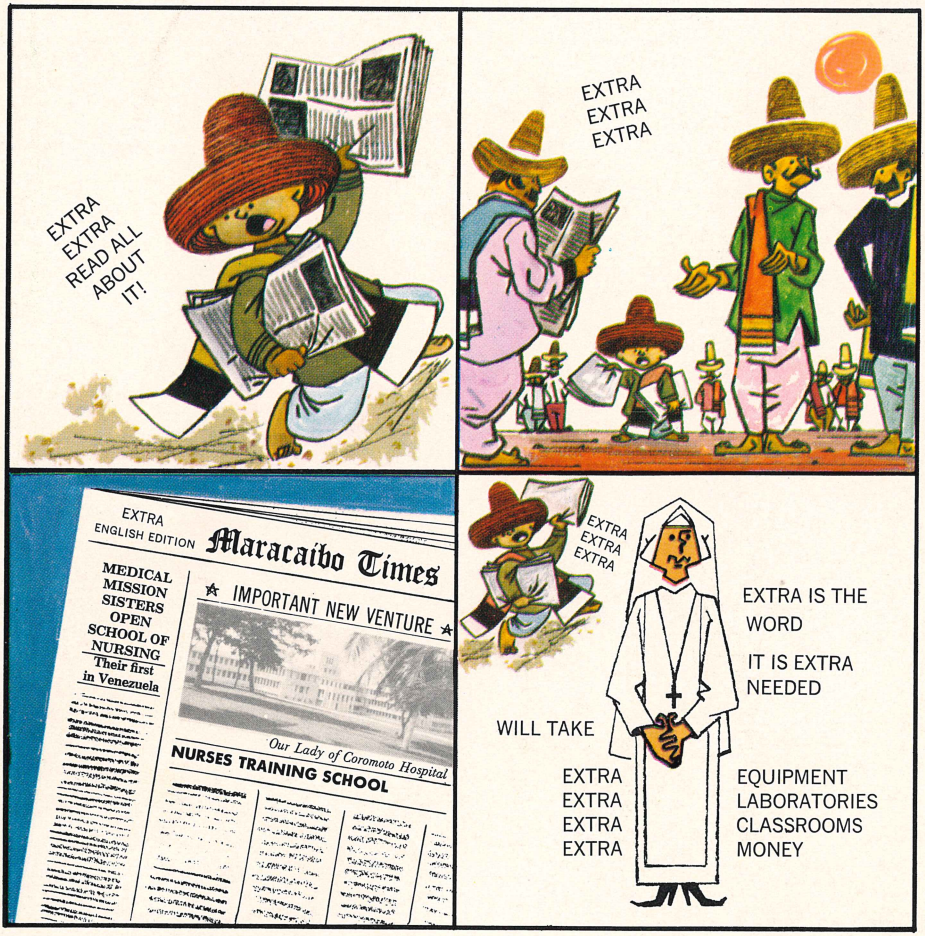
Bethulia was surrounded. The fierce Assyrian general Holofernes had completely cut off the water supply of the jews. The ancients decided to surrender unless help came in five days. Then a devout and beautiful widow named Judith rose up, exhorted the people to humble themselves, to pray and to trust. She herself prayed in sackcloth and ashes. Then she put on her most beautiful robes, took her maid and bravely walked into the enemy's camp. Holofernes, impressed by her beauty, invited her to dinner, and drank so much wine that he fell into a deep sleep. With the Lord to strengthen her, Judith took the General's own sword and cut off his head.

What the scriptures say of Judith, the Church says even more truly of Mary: "Blessed are you, O daughter, by the Lord the most High, above all women upon the earth . . . who has directed you in cutting off the head of the prince of our enemies . . . for you have not spared your life on account of the distress and tribulation of your people, but have prevented our ruin in the presence of our God."

TYPES OF OUR LADY IN THE OLD TESTAMENT

The fifth of a series





How about a little extra generosity?

MEDICAL MISSION SISTERS, Philadelphia 11, Pa.

Dear Sisters:

Here is "a little extra" $ . . . . . to help launch your training school for nurses in Maracaibo.

Name.....

Address.....

City.....Zone.....State.....